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Cc: Rennae Meno
Subject: Messages and Communications
Attachments: UoG-Guam Cancer Registry Annual Report.pdf

12/31/20	10:23 AM	12/30/20	Guam Cancer Registry Annual Report.	University of Guam	35GL-20-2571

Sinseru yan Minagåhet,

Office of the Speaker • Tina Rose Muña Barnes
Committee on Public Accountability, Human Resources & the Guam Buildup

35th Guam Legislature
I Mina'trentai Singko na Liheslaturan Guåhan

Guam Congress Building | 163 Chalan Santo Papa | Hagatna, GU 96910
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Gumai pribilehu yan konfedensia este siha na mensåhi. Solo espesiåtmente para hågu ma entensioña pat ma aturisa para unrisibi. Sen prubidu kumu ti un ma aturisa para manribisa, na'setbe, pat mandespåtcha. Yanggen lachi rinisibu-mu nu este na mensåhi , put fabot ago' guatu gi I numa'huyong gi as speaker@guamlegislature.org yan despues destrosa todu siha I kopian mensåhi. Si Yu'os ma'åse'.

UNIVERSITY OF GUAM
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Cancer Research Center
Guam Cancer Registry

35GL-20-2571
Speaker Tina Rose Muña Barnes

DEC 31 2020
Time 10:23 AM / PM
Received By: Matt

December 30, 2020

Honorable Tina Muña Barnes
Speaker, 35th Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Dear Speaker Barnes,

The Guam Cancer Registry was created by the Guam Legislature to collect and analyze data on cancer cases occurring among residents of Guam. By Memorandum of Agreement, it is currently a joint activity of the University of Guam and the Guam Department of Public Health and Social Services. It is supported by U.S. National Institutes of Health grant and local tobacco tax revenues.

The primary objectives of the Guam Cancer Registry are to enhance the quality, completeness, comparability, and usefulness of cancer data for Guam. We are pleased to provide you with our most recent annual report and hope that it will be of interest to you. Additional information about cancer on Guam is available at our web site at: <www.u54.guamcrc.org/gcr>.

We believe that as the burden of chronic diseases continues to impact the population of Guam, the work of the Guam Cancer Registry will become an increasingly valuable element of the island's health care activities and that your participation will be a significant contribution to this effort.

Your part in supporting this program is greatly appreciated. Should you have any questions regarding our program, please feel free to contact us.

Sincerely,

Rachael T. Leon Guerrero, PhD, RDN
Director, Guam Cancer Registry
Vice Provost of Research and Sponsored Programs
University of Guam

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The Guam Cancer Registry is a Joint Project of the UOG Cancer Research Center and the Dept. of Public Health & Social Services
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WEB SITE: www.u54.guamcrc.org/gcr

Guam Cancer Registry

ANNUAL REPORT

CRC Technical Report 20-01
University of Guam Cancer Research Center
Funded by: PL 30-80
12/30/2020

This document provides information at the end of each calendar year on how the funds provided by PL 30-80 to the Guam Cancer Registry have been used and the progress made in collecting cases and supporting cancer research, education, and outreach on Guam.

December 30, 2020

Guam Cancer Registry

Annual Report

Background

The Guam Cancer Registry (GCR) is a population-based registry that is tasked with recording all cancer cases occurring among residents of Guam. The Registry had a very humble beginning in 1968 as just one of many collateral duties of the Territorial Epidemiologist. At that time the main sources of data were death certificates on file at the Office of Vital Statistics, Department of Public Health and Social Services (DPHSS), and records provided by the American Cancer Society-Guam Chapter (ACS-Guam).

The GCR became a unit of the Cancer Research Center of Guam (CRCG) in 2004, a joint venture of the University of Guam (UOG), the Guam DPHSS, and the University of Hawaii (UH). With funding provided by the National Institutes of Health (NIH), the GCR was able to hire a full-time data collection specialist. This greatly improved the ability of the GCR to collect more accurate and complete information regarding Guam cancer cases. In recognition of its progress, in 2006 the GCR was awarded full-member status in the North American Association of Central Cancer Registries (NAACCR), of which it remains a member. A second data collection specialist was hired In February 2007. Today in 2020, the GCR is comprised of three staff: three full-time research associates trained in cancer case abstraction and case collection (two are Certified Tumor Registrars). Through mentoring by the Hawaii Tumor Registry (HTR), the GCR continues to seek improvement of the accuracy, completeness, and timeliness of its cancer data in order to meet the exacting standards set by the NAACCR and the National Cancer Institute/Surveillance & Epidemiological End Results (NCI/SEER) research programs. Achievement of these objectives is important because the GCR is a resource cornerstone for health planners and the ongoing effort of the University of Guam to develop excellence in the fields of health education and research.

A condition of continued financial support of the GCR by the NIH is evidence of local support by the Guam community. Passage of Public Law 30-80 by the Guam Legislature which stipulates that the GCR will receive 1% of tobacco tax revenues annually provides evidence of that support. This local support is critical to the sustainability of GCR.

Data Collection, Outreach, and Community Work

The GCR continues to seek improved data collection by developing community-based partnerships and data sharing agreements with local and regional area hospitals, physicians, medical clinics, and outpatient treatment centers. Outreach to "mandated reporters" is a continuous challenge as the number of medical and non-medical service providers to cancer patients increases. The inclusion of non-medical service providers - such as non-profits and insurance companies - since DPHSS updated its regulations for GCR in October 2010 (under authority of Public Law 24-198) has increased GCR's ability to collect more complete incident cases of cancers diagnosed among Guam residents.

Tools such as GCR's Outreach Poster, Mandated Reporters Policy & Procedure Manual, confidential online WebPlus reporting capability, and the Cancer Research Center website continue to educate service providers and the general public about the importance and outcomes of reporting to the registry.

GCR regularly participates in the Data & Research, Policy & Advocacy, and Survivorship & Quality of Life Action Teams of the Guam Comprehensive Cancer Control Coalition (GCCCC), as well as the Non-Communicable Disease (NCD) forums hosted by DPHSS. It strives to be of use to our island community by disseminating information collected about cancer on Guam and other parts of Micronesia (as well as other US-affiliated Pacific Island jurisdictions).

GCR continues to partner with and support community organizations involved in data and surveillance activities in Guam and the Pacific Region as well as concerned citizens such as cancer survivors and their families. In addition to GCCCP and NCD – both organizations under DPHSS's umbrella, GCR works with Pacific Island Health Officers Association (PIHOA), Cancer Council of the Pacific Islands (CCPI), UH-UOG "PIPCHE/U54" Partnership, and Pacific Regional Central Cancer Registry (PRCCR).

Registry staff fielded at least 13 research inquiries during Fiscal Year 2020 and provided cancer data to three UOG undergraduate student researchers, two U54 Grant researchers, three DPHSS personnel, one community non-profit agency, several off-island researchers and two concerned citizens including three cancer survivors. Requests for data were for information about Guam's more prevalent cancers – breast, lung, prostate and cervical – as well as mortality rates, cancer and NCDs, tobacco and lung cancer.

Activities

The following is a Summary Report of GCR activities funded with tobacco tax monies during the recent budget cycle – Fiscal Year 2020. This report covers the time-period from October 1, 2019, to September 30, 2020.

A New and Secure Workspace

GCR staff ended Fiscal Year 2020 by moving into its new office space at renovated House #27 Dean Circle on the UOG Campus. It is larger, has an adjoining kitchen, a dedicated File Room, and an Americans with Disabilities Act (ADA)-accessible restroom.

Data security concerns were primary during and after the move. Motion sensors and more security alarms were installed on doors and windows throughout the building. All GCR employees, and any CRCG staff who may interact with confidential records must sign Confidentiality Agreements and are trained in data security procedures. These include lockable file cabinets, encrypted drives in all GCR desktop and laptop computers, secure servers and use of WebPlus for secure online transmission of confidential documents.

The larger GCR office has four work stations with partitions for COVID safety, a dedicated centralized desktop computer which houses the Main Database (MDB) and associated databases. This structural change allows more efficient access by GCR abstractors to the MDB for abstracting and auditing procedures. A MDB Logbook tracks all activities and the limited personnel who are authorized to use it.

GCR benefits greatly from being part of the UOG family, including use of Campus Security, Computer Center assistance, and information technology (IT) assistance which conveniently is housed next door at House #6 – Telecommunications & Distance Education Operation (TADEO). GCR's MDB is backed up weekly by IT staff and kept in secure on-site and an off-site location nearby. IT staff regularly consult with Centers for Disease Control (CDC) IT staff when necessary to problem-solve and assist with system upgrades. GCR staff performs regular backups of their own computer documents.

Personnel & Training

- ☐ GCR staff attended trainings with Hawaii Tumor Registry staff and all Pacific Island Jurisdiction (PIJ) registrars focused on dealing with difficulties with case collection due to COVID-19.
- ☐ N. del Mundo attended the following online training: Annual North American Association for Central Cancer Registries (NAACCR) conference from June 24-26, 2020.
- ☐ Cancer registry training is frequent and ongoing due to annual changes in coding and abstracting principles set by national registry standard setters. They prepare registry staff to become Certified Tumor Registrars (CTRs) and offer educational credits to maintain CTR status.

Abstracting, Active & Passive Case Collection

Active Case Collection is the active pursuit of cancer case documents located in hospitals, laboratories, and surgical/medical clinics for purposes of abstracting. Passive case collection occurs when mandated cancer case reporters submit cancer case documents or cancer patient listings for a specific time-period. GCR acts as both a hospital registry (abstracting cases they diagnose and treat) and a central registry (collecting, consolidating, and editing already abstracted cancer cases).

- ☐ GCR staff conducted formal outreach to Guam Regional Medical City. Educated staff in cancer reporting process. Scheduled time for future active case collection.
- ☐ GCR staff conducted active case collection at Island Cancer Center and Cancer Center of Guam.
- ☐ GCR staff continued to receive monthly death certificates from Department of Public Health and Social Services Vital Statistics Office (DPHSS-VS) and do "death clearance" (resolve vital status) for abstracts.
- ☐ For this Fiscal Year, GCR received cancer cases from the following: Guam SurgiCenter LLC, DPHSS-VS, DPHSS Breast & Cervical Cancer Early Detection Program (BCCEDP), Pacific Daily News and Post Guam Obituaries, Guam Memorial Hospital Authority (GMHA) Pathology Lab, MDX Imaging Center, Guam Regional Medical City (GRMC) Pathology Lab,

The Doctors Clinic, Texas Central Registry, GMHA Medical Records department, and Guam ENT clinic.

- For this Fiscal Year, GCR received Patient Listings from the following: DPHSS BCCEDP, GMHA Discharge Listing and Medical Records department, GRMC Oncology department, Cancer Center of Guam, and Island Cancer Care, GRMC lab, E.M. Calvo Foundation, Guam SDA Clinic, Guam Surgicenter LLC, Staywell Insurance, E.M. Calvo Cancer Foundation, and Guam Surgical Group.

Assistance to Pacific Island Jurisdiction (PIJ) Registry Partners

GCR staff continue to work with PIJ registrars on case collection, identify abstracts that belong to their jurisdictions, and perform collaborative training. Partially abstracted PIJ cases (non-Guam residents) with Date of Diagnoses 2007 to 2018 were identified, completed and exported to PRCCR. Majority were Commonwealth of the Northern Marianas (CNMI) cases.

GCR regularly scans non-resident cancer cases and documents exchange of cases with Transmittal Letters to CNMI and Federated States of Micronesia (FSM). Cases were hand-carried to Honolulu and delivered to PIJ registrars during Honolulu PIJ training. PIJ cases also are transmitted to the proper registries using WebPlus secure online transmission.

Difficulties due to COVID-19

Although COVID-19 did not affect GCR's staff ability to complete abstracts, it did hinder in case collection. GCR is working diligently with our partners in creating a safe process for case collection through using WebPlus (secure online transmission), virtual communication through Zoom, and following COVID safety procedures when visiting facilities if needed.

Conclusion

It is a goal of the University of Guam to become a center for outreach, learning, and research about cancer and cancer health disparities in our region. The continued support of the Guam Legislature and the Governor of Guam in achieving this goal is greatly appreciated by the University and will undoubtedly be of great future benefit to the people of our island as well as our island neighbors.

Please access our website – www.u54.guamcrc.org/gcr/ – for more detailed information about cancer health disparities research and research findings, as well as our publications. Also please see Addendum A for tables on recent Guam cancer data.

With appreciation and thanks to Dr. Rachael Leon Guerrero, Dr. Pamela Peralta Taitano, Janet Dirige, Renata Bordallo, Naomi del Mundo, Lymona Refugia, and Emilio Medina.

ADDENDUM A – RECENT GUAM CANCER DATA

Guam Cancer Incidence: 2012-2018

Year	Incidence (New cases)
2012	379
2013	360
2014	343
2015	343
2016	352
2017	339
2018	355

Source: Incidence data reported from Guam Cancer Registry to Pacific Regional Central Cancer Registry as of Dec. 3, 2020

Top Five Guam Cancer Sites 2007-2018

Site	Incidence
Lung & Bronchus	657
Breast	603
Prostate	466
Colon & Rectum	433
Liver	190

Source: Incidence data reported from Guam Cancer Registry to Pacific Regional Central Cancer Registry as of Dec. 8, 2020

Top 10 Adult Cancers Guam 2007-2018

Sites	# of Cases	Crude rate	Incidence rate Adj to US Std population	Incidence Rate Adj to World Std population	US incidence rate
All sites	**3884**	**318.5**	**289.7**	**215.7**	**449.0**
Lung & Bronchus	657	53.9	52.6	37.7	60.2
Breast	603	100.8	82.1	64.0	124.7
Prostate	466	75.0	84.6	57.9	109.5
Colon & Rectum	433	35.5	32.7	24.1	39.2
Liver	190	15.6	12.6	10.1	8.1
Uterus	172	28.7	22.3	18.1	26.2
Thyroid	145	11.9	8.7	7.6	14.5
Leukemia	133	10.9	11.5	7.8	14.0
Stomach	91	7.5	7.3	5.2	7.0
Cervical cancer, invasive	86	14.4	10.4	8.9	7.5

Source: Incidence data reported from Guam Cancer Registry to Pacific Regional Central Cancer Registry as of Dec. 8, 2020

2007-2018: 3884 total cancer cases for age over 20 and 15 childhood leukemia, 2 child Brain (1y,4 y), 2 Bones & Joints, 1 child breast (14y), 2 child colon & rectum (17y), 1 eye & orbit (2 yr), 1 Hodgkin disease(7), 1 child ill defined, 3 Kidney & Renal Pelvis, 2 child non-hodgkin lymphoma, 2 child other digestive, 1 liver(1yr), 1 Other Endocrine(17y), 1 other male genital, 1 other respiratory, 1 ovary, 1 peripheral nerves, 1 small intestine, 1 Soft Tissue, 1 testis, 1 thyroid, 1 urinary bladder. 34% of adult cancer patients have passed within 5 years of diagnosis.

Another way to look at the cancer data that can help to prioritize public health and clinical efforts is:

- 58% of Guam's adult cancers are tobacco-related
- 31% of Guam's adult cancers are obesity-related
- 41% of these cancers have an evidence-based screening test such as mammography (Breast cancer), Pap smear (Cervical cancer), fecal occult blood testing or colonoscopy (colon cancer), PSA & rectal exam (prostate cancer)
- 16% of cancers could be diagnosed in earlier stages if the patient presents to the doctor early enough and if the doctor does a thorough history and physical

	Counts	Tobacco related	Obesity related	Screening test available	Early Physical diagnosis	% dead within 5 yrs of diagnosis	% diagnosed stage 1	% diagnosed stage 2	% diagnosed stage 3 or higher
Adult cancers (20 years and older 2007-2018)	3884	58%	31%	41%	16%	36%	24%	3%	73%
855 other tobacco related cancers: (657) lung; (83) tob-rel OP, (36) esoph, (79) pharynx	855	x				70%	11%	2%	87%
Breast invasive Note 94 other	603	x	x	x		9%	35%	2%	63%
Prostate	466			x	x	12%	50%	1%	49%
Colorectal	433	x	x	x		30%	18%	6%	76%
Liver	190					77%	11%	3%	86%
Uterus	172	x	x		x	12%	35%	7%	58%
Thyroid	145					8%	35%	3%	62%
Leukemia	133					35%	0%	0%	100%
Stomach	91	x				53%	9%	0%	91%
Cervical invasive	86	x		x		27%	22%	8%	70%
Nasopharynx	79					32%	5%	1%	94%

Source: Data reported from Guam Cancer Registry to Pacific Regional Central Cancer Registry as of Dec. 8, 2020

What are Cancer Incidence & Mortality Rates?

Cancer incidence rates are measures of the risk of being diagnosed with cancer among the general population, while mortality rates are measures of the risk of dying among the general population. Cancer rates in this document represent the number of new cases of cancer per 100,000 population (incidence). For example, if the state's average annual lung and bronchus cancer incidence rate among males is 70.0; that means for every 100,000 men in a given population approximately 70 new cases of lung and bronchus cancer are diagnosed each year. If the adult male population numbers 500,000, then approximately 350 new cases of lung and bronchus cancer are diagnosed among men each year (five times the number of cases diagnosed in a 100,000 population):

$$\frac{\text{70 new cases diagnosed in one year}}{\text{100,000 population}} = \frac{\text{350 new cases diagnosed in one year}}{\text{500,000 population}}$$

Rates provide a useful way to compare the cancer burden irrespective of the actual population size. Rates can be used to compare demographic groups (males have higher lung cancer rates than females), racial/ethnic groups (Native Hawaiian females have higher breast cancer rates than other racial/ethnic groups), or geographic areas (the USAPI has higher cervical cancer rates than the United States).

Note that because of the small population size in most USAPI jurisdictions, as well as challenges with diagnosing cancer, some cancer types might only have a few cases reported in a 5-year period. **To discourage misinterpretation of rates or counts that are unreliable because of the**

small number, incidence rates are not shown in tables if the case counts are below 16. Crude rates are presented here and can be used internally by the jurisdiction to trend certain cancers over time.

Mortality rates depend on the incidence of the cancer, as well as the stage at diagnosis, survival, and treatment for the cancer type. Survival estimates reflect the risk of death among newly diagnosed cancer cases, while mortality rates reflect the risk of death among the general population. New screening programs, aimed at early detection and increased survival, tend to result in a greater number of new cancers being diagnosed (i.e., higher incidence rates) with little delay. However, as most people dying of cancer today were diagnosed several years ago, mortality rates and survival estimates take time to show the influence of new programs. **Because of present challenges with reporting and recording of deaths in the USAPI, mortality rates are not presented in this document.**

Adapted from: "Hawaii Cancer Facts & Figures 2010" and Suppression for Reliability (CDC National Program of Cancer Registries) http://www.cdc.gov/cancer/npcr/uscs/technical_notes/stat_methods/suppression.htm